



DISTRIBUTION: Employee, IFPTE Representative, IFPTE Office
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GRIEVANCE INFORMATION
(Continuation Sheet)

GRIEVANCE: (Give names, dates, places, and other necessary details; attach supporting documents, and summarize discussion with immediate supervisor.) (Use additional pages if necessary.)

CORRECTIVE ACTION DESIRED:

SIGNATURE: (Employee)	DATE:	SIGNATURE: (IFPTE Officer)	DATE:
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RECEIVED BY: (Appropriate Management Official)	DATE:	TIME:
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